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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 009400001		CITY OR TO	WN BERLIN			
APPLICATION FOR RENEWAL: Annual			LIC	LICENSED FOR 2013			
		CLASS			YEAR		
LICENSEE NAME:	VICTULALER'S	SERVICE CORPO	ORATION				
DOING BUSINESS	A BERLIN COUN	TRY CLUB					
ADDRESS 25 CAR	R RD						
CITY/TOWN: BE	RLIN	STATE: M	A ZIP CODI	E: 01503			
MANAGER: CAI JAM	DERWOOD, TY IES D.	PE OF LICENSE:	Restaurant	CATEGORY	Y: All Alcohol		
EMAIL ADDRESS:	:						
	PLEASE ALSO VISIT OUR W		UR EMAIL ADDRESS				
	LICENSED PREMI						
	IRS BAR AND DIN						
• •	swear under penalties wed license will be of		the same premises	now licensed:			
	see has complied with	• •	•		d		
	ises are now open for			,			
SIGNED BY							
	Individual, Partner	or Authorized Co	orporate Officer				
DATE:	TELEPHON	IE NUMBER:			ATION NUMBER:		
(Note: NOT Individual Social Security Number					a Security Number)		
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the h	ead of the fire de	partment for t	he above		
Please Check Below:			LOCAL LIC	ENSING AUT	HORITY		
APPROVED:			By:				
DISAPPROVED: [(If disapproved expl	ain)						
(ii disappioved expi)						
DATE:							



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 009400002		CITY OR TOWN	BERLIN
APPLICATION FOI	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	YOSHIKO SEFT	ON		
DOING BUSINESS	A SHIRO RESTA	URANT		
ADDRESS 3 GATE	S POND ROAD			
CITY/TOWN: BEF	RLIN	STATE: MA	ZIP CODE:	01503
MANAGER:	TY	PE OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
ALL FIRST FLOOR AREA	(4 ROOMS) SECO	OND FLOOR (5 ROO	MS) AND BASEM	ENT STORAGE
I hereby certify and s	swear under penaltie	es of perjury that:		
		f the same type for the	=	
	•	h all laws of the Com	•	to taxes; and
3. the premi	ses are now open fo	r business (If not expl	ain below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	orate Officer	
	11101 100011, 1 01101	22 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51416 G111661	
DATE:	ΤΕΙ ΕΡΗΟ	NE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	TEELTHO	NE NUMBER.	(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed	d by the building in	nspector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	aın)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 009400003		CITY OR TOWN B	ERLIN
APPLICATION FO	OR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
	: BERLIN COMME S A THE FLAT PEN		LC	
ADDRESS 263 WI	EST ST			
CITY/TOWN: BE	RLIN	STATE: MA	ZIP CODE: 0	1503
MANAGER: SM S	ITH, GREGORY TY	PE OF LICENSE: Re	estaurant CATE	EGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMI	SES:		
ONE FLOOR BLD	G,DINING ROOM. 2	2 DOORS LEFT AN	D RIGHT AND RIGHT	REAR EXIT
I hereby certify and	swear under penalties	s of perjury that:		
1. the renev	wed license will be of	the same type for the	e same premises now lice	ensed;
2. the licen	see has complied with	n all laws of the Com	monwealth relating to ta	xes; and
3. the prem	nises are now open for	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:		ENTIFICATION NUMBER:
Acts of 2004, signe	ed by the building in	spector and the hea	ne certificate required be ad of the fire department arance required by Cha	t for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	laın)			
			-	
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY I	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L.	. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 009400004		CITY OR TO	WIN DEKLIN	
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 64 RIVER	R RD.				
CITY/TOWN: BER	LIN	STATE: MA	ZIP COD	E: 01503	
MANAGER: SENI	E, WILLIAM TY	PE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
F	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I					
100 FT ENTRANCE	TO EXIT. ONE FI	LOOR, 2 ROOMS, B	SATHROOM A	ND OFFICE	
I hereby certify and sv	wear under penaltie	s of perjury that:			
1. the renewe	ed license will be of	f the same type for the	e same premises	now licensed;	
2. the license	e has complied wit	h all laws of the Com	monwealth rela	ting to taxes; and	
3. the premis	es are now open for	r business (If not expl	ain below)		
SIGNED BY					
SIGNED D1	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPL	OYER IDENTIFICA	ΓΙΟΝ NUMBER:
	122211101	(21(01)12210	(Note: <u>NO</u>	<u>OT</u> Individual Social S	Security Number)
Dlagge Chaols Delayu					O D YTTY
Please Check Below: APPROVED:				CENSING AUTH	ORITY
DISAPPROVED:	\neg		By:		
(If disapproved explain	_ in)				
, and property	,				
DATE:					<u>—</u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009400005	CITY OR TOWN BERLIN		
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013		
CLASS	YEAR		
LICENSEE NAME: DAIGNEAULT'S LIQUOR INC.			
DOING BUSINESS A DAIGNEAULT'S LIQUORS OF BE	ERLIN		
ADDRESS 264 WEST ST.			
CITY/TOWN: BERLIN STATE: MA	ZIP CODE: 01503		
MANAGER: GREEN, TYPE OF LICENSE:P CHRISTOPHER M.	Package Store CATEGORY: All Alcohol		
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLOOR BRICK BLDG,ONE LARGE ROOM WITH SQ FT	I STORAGE FACILITIES, APPROX 1000		
I hereby certify and swear under penalties of perjury that:			
1. the renewed license will be of the same type for the	he same premises now licensed;		
2. the licensee has complied with all laws of the Cor	mmonwealth relating to taxes; and		
3. the premises are now open for business (If not exp	plain below)		
SIGNED BY			
Individual, Partner or Authorized Cor	porate Officer		
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
	(Note: NOT Individual Social Security Number)		
Please Check Below:	LOCAL LICENSING AUTHORITY		
APPROVED:	By:		
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0094	100007		C	CITY OR T	OWN	BERLIN	
APPLICATION FOR REN	EWAL:	Annu	al	I	LICENS	SED FOR 2	013
		CLAS	SS				YEAR
LICENSEE NAME: HEADOING BUSINESS A TO ADDRESS SOLOMON PO	SI FRIDAY'S	MARLBORO	OUGH, I	NC			
CITY/TOWN: BERLIN		STATE:	MA	ZIP COI	DE:	01503	
MANAGER:	TYPE	OF LICENS	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
DESCRIPTION OF LICEN APPROX 7000 SQ FT OF		ES:			EXITS		_
1. the renewed lice 2. the licensee has 3. the premises are SIGNED BY	complied with a	ll laws of the usiness (If no	e Commo ot explair	nwealth rel n below)			
		- 1 100 010 110 0	Corpore				
DATE:	TELEPHONE	NUMBER:					TION NUMBER: Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and th	e head o	f the fire d	lepartn	nent for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL L	ICENS.	ING AUTH	ORITY
DATE:							